



2011 Session

Exhibit 4

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Montanans' In Recovery



White Birch Treatment Center

A Program of the Residential Treatment Expansion Consortium
Provided by Rimrock Foundation

A Report Of Outcome Findings and
Performance Measures for
2011 Montana Legislators

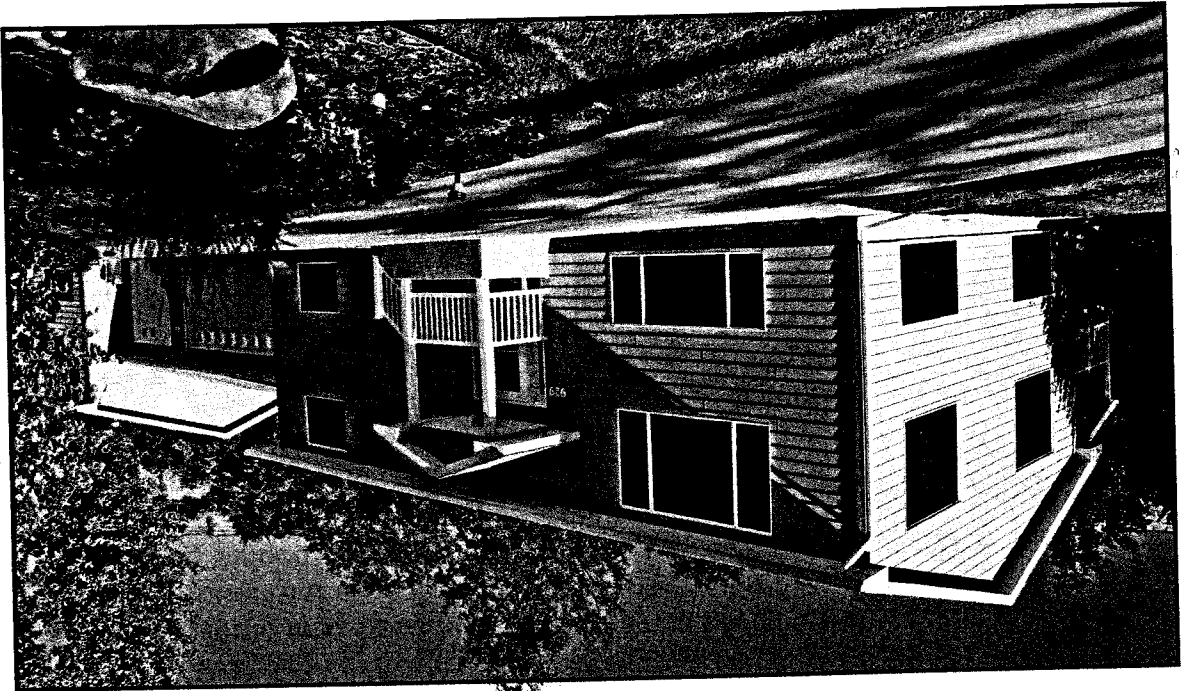
FORWARD

In today's climate of scarce fiscal resources and spiraling health care costs, the search for cost effective treatments of substance use disorders has attained a new urgency. Measures of effective programs and cost analyses are needed to demonstrate among so many contenders for health care dollars, addiction treatment is worth funding.

Because cost savings can be clearly demonstrated by specific treatment programs, there are enormous benefits that accrue with the reduction of substance use disorders. A recent study in New York City places cost of addiction at 21% of city taxes, yet, the same study found that only 2% of the health care services was spent on addiction treatment. Addiction expenses identified were attributed to medical treatment for illness or injuries resulting from substance abuse, lost productivity, criminal justice system costs and public and private social services. In the same year, 75% of all cases of child abuse and of foster care placements, and 67% of child deaths involved substance abuse.

We have made an effort to quantify the costs and some of the cost-offsets of treatment at Rimrock Foundation's White Birch Center. The results can be found on pages 31-34. The 2011 Montana Legislature will be challenged to fund needed programs. We hope that funding decisions will be based upon facts, outcomes, and cost-effectiveness data. We believe that if this is the case, there will be no question this important addiction treatment program should be continued.

This report focuses on the characteristics and outcomes of the RTEC patients treated at the White Birch Center site.



THE MONTANA RESIDENTIAL TREATMENT EXPANSION CONSORTIUM (RTEC)

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Background on the Project

The 2007 legislature approved the executive request for \$4.0 million over the biennium "to implement a residential treatment service to address the longer-term support needed for the recovery from methamphetamine, other drugs, and alcohol abuse." (Fiscal Report for the 2009 Biennium http://leg.mt.gov/css/fiscal/2009_biennium/fiscal_report.asp). The project was also directed to collaborate with the Department of Corrections.

Until 2008, Montana has historically had only two levels of treatment services; short-term inpatient and outpatient. We have lacked the benefits of residential levels of care that afford community-based longer term treatment and supportive services for low income Montanans with severe addiction who often live in unsafe environments that are not conducive to recovery.

RTEC was designed to incorporate current evidence-based best practices for the treatment of severe addiction. Key among those best practices is the need for a continuum of service levels and the seamless transition of the patient through a coordinated system of care.

The RTEC project is a system of care in which most patients enter the system through the most intensive residential sites. Rimrock Foundation's White Birch Center is a point of entry in which men and women are stabilized, detoxified, and evaluated medically and psychologically. Intensive treatment is initiated as well. When it is determined that the patient is clinically ready, the patient is referred to the nearest low intensity, long term, residential site in a seamless continuation of care. In these sites, patients receive continuing care services and life skills training for 6-9 months. When they have finished this course of treatment, patients are assisted in securing independent living and other supportive services to assure their continued success working an abstinence-based recovery program.

SUMMARY OF NATIONAL PERFORMANCE MEASURES USED IN THE RTEC PROJECT January, 2008-January, 2010

The National Outcome Measures [NOMS], developed by the Substance Abuse Mental Health Services arm of the federal government are the measures against which the White Birch services are being evaluated. These measures have been determined by the National Institutes to be the key measures of an effective program. This assures you, the taxpayer, that we are targeting the most important objectives.

Following are the National Outcome Measures for the first three years of Rimrock's RTEC patients:

1. EMPLOYMENT STATUS

Objective: Increase employment by 40%

<u>Actual %</u>	<u>Admission</u>	<u>3 Months</u>	<u>12 Months</u>
67.9%	19.7%	78.6%	87.6%

2. REDUCTION OF SUBSTANCE USE

Objective: To decrease days of use of addictive substances by 50%

	<u>Admission</u>	<u>3 Months</u>	<u>6 Months</u>	<u>12 Months</u>
Mean Days of Substance Use	59.45	1.62	12.9	13.8

3. DECREASE INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Objective: Reduce incarceration levels by 20%

% RTEC Patients Incarcerated Past Year

	<u>Admission</u>	<u>3 Months</u>	<u>6 Months</u>	<u>12 Months</u>
Jail	31.7%	-0-	2.8%	1.4%
Prison	3.3%	-0-	-0-	-0-
Electronic Monitoring	8.9%	-0-	-0-	-0-

4. **ACQUISITION OF SAFE STABLE HOUSING**

Objective: Reduce homelessness and ensure discharging patients have safe, sober environments

	<u>Admission</u>	<u>3 Months</u>	<u>6 Months</u>
No Permanent Housing	65.6%	22.2%	6.3%
Rent	31.6%	22.2%	37.5%
Own	3.2%	-0-	18.8%
Sober/Transitional Housing		55.6%	12.5%

5. **INCREASE THE SOCIAL CONNECTEDNESS OF PATIENTS**

Objective: To increase involvement in support groups and improve interpersonal and familial relationships by 50%

	<u>3 Months</u>	<u>6 Months</u>	<u>12 Months</u>
Attendance at Support Group of 3 or More Times Per Month	76.9%	63.6%	53.3%

For more information on this measure, see page 16.

6. **INCREASE RETENTION IN TREATMENT— Long stays are associated with better outcomes**

Objective: To assure that a minimum of 70% of admitted patients complete the program.

Actual: 83% Complete

7. **MEASURE PATIENT SATISFACTION WITH SERVICES**

Objective: To provide quality services that meet the patients' needs and measure whether and what percent would recommend this program to family or friends who need help.

97.7% of White Birch patients would recommend this program

For more information on this measure, see pages 25 and 26.

DEMOGRAPHIC PROFILE OF RTEC/WHITE BIRCH PATIENTS

Gender:

Male	84.8%
Female	15.2%

Race:

Caucasian	80.3%
Hispanic	2.3%
Native American	9.8%
African-American	5.3%

Marital Status:

Single/Never Married	41.2%
Married	7.6%
Separated	4.6%
Divorced	33.6%
Widowed	1.5%
Single	10.7%
Other	.8%

- 20.3% identified problems with gambling prior to admission.
- 11.4% of patients were Veterans.

YEARS OF EDUCATION:

<u>Grade/Years</u>	<u>%</u>
8th Grade	5.6
9th Grade	7.2
10th Grade	4.8
11th Grade	15.2%
12th Grade	34.4%
13 or More	28.8

- On admission, the mean years of education was 11.6 .

Age of RTEC Patients at Admission:

<u>Age</u>	<u>Percent</u>
21-30	20.1%
31-40	33.4%
41-50	40.1%
51-60	6.7%

- The average age at time of admission was 36.6 years.

Living Arrangements at Time of Admission:

Own	3.2%
Rent	31.2%
No Permanent Home/Staying with Friends	46.4%
Homeless	19.2%

- 65.5% of patients met criteria for homeless at time of admission.

*"I believe the people I worked with really cared
and went out of their way to help."*

ABOUT OUR DATA

Outcome evaluation answers the question, "How well did the White Birch patients do as a result of the treatment and other services?" The data reported herein as outcome findings have been collected in surveys from which data is then entered into software programs and statistically tested by Harder Associates, a third party research company. The statistical testing of the data includes ANOVA and other tests for differences using repeated measures t-tests and analysis of variance. The repeated measures tests answer the question; how do individuals differ from one time [admission] to three times [six, twelve and eighteen months]. Tests were considered significant at the $p > .05$ level. This is a level that allows for very little chance and permits us to have a high degree of confidence in the data.

OUTCOME FINDINGS

EMPLOYMENT

The first notable variable we see in these patients is the large number who are unemployed at the time of admission.

Employment is among the best predictors of successful substance abuse treatment! In the following illustration, all admissions nationally to programs serving low income patients (DASIS) are delineated by employment status. The RTEC patients are also illustrated against the same employment groups and finally, the data for the general US population is presented. At the time of admission, you can see that the unemployed group far exceeds that of the general population.

The target for employment in the RTEC project is to increase employment by 40% post-discharge. The employment variable is an important one in estimating the cost-effectiveness of

Employment Status at Time of Admission:

	<u>Employed</u>	<u>Unemployed/Not in Labor Force</u>
US Population	75%	25%
DASIS/Federal Treatment Programs	31%	69%
RTEC Patients	19.7%	79.6%

Employment Status Post-Discharge:

	<u>3 Months</u>	<u>6 Months</u>	<u>12 Months</u>
Employed	78.6%	78.6%	87.6%

Primary Source of Income 3 Months Post-Discharge:

Wages	69.2%
Other	7.7%
Public Assistance	7.7%
Disability	15.4%

- The employment rate of RTEC patients more than doubled post-discharge!
- 22.6% of patients completed some education or training post discharge!

HOUSING

Housing Status on Admission:

	<u>Admission</u>	<u>3 Months</u>	<u>6 Months</u>
No Permanent Housing	65.6%	22.2%	6.3%
Rent	31.2%	22.2%	37.5%
Own	3.2%	-0-	18.8%
Sober Housing/Transitional Living		55.6%	12.5%

- Safe, sober housing is a key variable in positive treatment outcomes!

Living with Someone Who Has an Alcohol or Drug Problem:

Admission	17.2%
Post-Discharge (6 Months)	2.8%
Post-Discharge (12 Months)	-0-

"I'm sticking to my program and my goals and I'm a better person now."

Major Co-Occurring Disorders

“Co-occurring” refers to the simultaneous presence of a substance use disorder and a psychiatric disorder in a patient. Eighty-nine percent of the patients admitted to White Birch have been found to have a co-occurring disorder requiring psychiatric intervention from Foundation medical staff.

The following table depicts the most common psychiatric disorders in this population (N = 198):

<u>Diagnosis</u>	<u>N</u>	<u>#</u>
Bipolar Disorders	35	15
Attention Deficit Disorder	27	11.5
Depressive Disorder	110	47.2
Anxiety Disorder	39	16.7
Post Traumatic Stress Disorder	21	9
Social Phobia	3	1.2
Schizoaffective	2	.8
Mood Disorder	5	2.1
Oppositional Deficit Disorder	1	.4
Schizophrenia	1	.4